

**Lebanon Community Schools**

Code: **GCL-AR(B)**  
Revised/Reviewed: 5/3/99; 9/16/10  
Orig. Code(s): GCL-AR(B)

**Professional Development Plan**

Plan form and PDU Record

Educator name: \_\_\_\_\_

Current license(s)\_\_\_\_\_

and Endorsement\_\_\_\_\_

Seeking:     Basic License                       Standard or Continuing License Renewal

Date initiated \_\_\_\_\_ Date of license expiration\_\_\_\_\_

Lebanon Community School District #9  
485 S. 5th Street  
Lebanon, OR 97355

**Guidelines**

**Standards for Professional Development Plans**

Each CPD Plan shall have as a primary purpose improved student learning by improving professional skills of educators. Each Plan shall be designed to assist the educator to:

- 1. Achieve district, state, and national standards;
- 2. Keep current with the development and use of best practices; and
- 3. Develop ways to enhance learning for a diverse student body.

**Domains for Professional Development Plans**

- 1. Subject Matter or Speciality;
- 2. Assessment Strategies;
- 3. Methods and Curriculum;
- 4. Understanding Diversity;
- 5. State and National Education Priorities;
- 6. Use of Technology in Education.

**PDU Values**

One clock hour = One PDU  
 One quarter hour credit = 20 PDUs  
 One semester hour credit = 30 PDUs

**Minimum PDUs**

75 for Basic License

125 for Standard or Continuing License

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**Overall Plan Components**

Goals/Objectives of the Plan: \_\_\_\_\_

Proposed activities and experiences to meet your goals: \_\_\_\_\_

How will the Plan help you to enhance student learning? \_\_\_\_\_

What resources will you use to complete your Plan? \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Advisor Signature Date                      Educator Signature                      Date  
\*\*\*\*\*

**Revisions to Professional Development Plan**

<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date                      Educator</p> <p>_____</p> <p>Date                      Supervisor/Advisor</p>	<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date                      Educator</p> <p>_____</p> <p>Date                      Supervisor/Advisor</p>
<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date                      Educator</p> <p>_____</p> <p>Date                      Supervisor/Advisor</p>	<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date                      Educator</p> <p>_____</p> <p>Date                      Supervisor/Advisor</p>

### PDU Record

Note: Attach evidence of any completed PDU's since last license renewal if prior to this Plan.

**Initial Cycle** From \_\_\_\_\_ to \_\_\_\_\_

Supervisor name \_\_\_\_\_ Position \_\_\_\_\_

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs \_\_\_\_\_

The above activities have been completed:

Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. Annual Cycle** From \_\_\_\_\_ To \_\_\_\_\_

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs \_\_\_\_\_

The above activities have been completed:

Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**4. Annual Cycle** From \_\_\_\_\_ To \_\_\_\_\_

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs \_\_\_\_\_

The above activities have been completed:

Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

5. **Annual Cycle** From \_\_\_\_\_ To \_\_\_\_\_

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs \_\_\_\_\_

The above activities have been completed:

Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**6. Final Cycle** From \_\_\_\_\_ To \_\_\_\_\_

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs \_\_\_\_\_

The above activities have been completed:

Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_



**E. Reflection on Professional Development Plan**

Comment briefly on your CPD activities and the effect that you observed on student learning and any adjustments you made or will make to enhance student learning.  
(Attach additional pages as needed.)

Total Plan PDUs\_\_\_\_\_

*I have reviewed results of the CPD Plan and verify completion of the plan.*

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Supervisor/Advisor Signature

Date

*I have completed the above Plan and development activities.*

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Educator Signature

Date

**The completed form is retained in the district personnel file until the renewed license has lapsed.**

